



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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HOME HEALTH BULLETIN

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ELIMINATION OF PLAN OF CARE SUBMISSION WITH CLAIMS

Effective March 1, 2007, Missouri Medicaid will no longer require providers to submit the following attachments with their claim submissions:

- HCFA-485 (Home Health Certification and Plan of Treatment)
- HCFA-486 (Medical Update and Patient Information)
- HCFA-487 (Addendum to the Plan of Treatment/Medical Update)

This change is also effective for supporting documentation submitted with electronic claims and is a result of Missouri Medicaid's efforts to be consistent with Medicare claim submission guidelines.

All supporting documentation for services billed to Missouri Medicaid must continue to be maintained by the Home Health agency (HHA) in the patient's record as required by Section 13.8 of the Home Health Provider Manual and must be available upon request by the Division of Medical Services.

PRIOR AUTHORIZED SERVICES

Home Health services requiring prior authorizations in accordance with section 8.2 of the Home Health Provider Manual will continue to require the attachment of the HCFA-485,

HCFA-486, HCFA-487, and any other supporting documentation, with the submission of the prior authorization request.

PHYSICIAN CERTIFICATION SIGNATURE REQUIREMENT

Effective March 1, 2007, Missouri Medicaid will be changing the ten day requirement on Physician Certification signatures, to be consistent with Medicare guidelines.

Certification dates prior to March 1, 2007 must continue to meet the prior policy, which states: "The Plan of Care for any certification period, two calendar months or 60 days, *must* be signed and dated by the attending physician either within the certification dates or no earlier than ten days before the beginning of the certification period."

For dates of service on or after March 1, 2007, the physician certification may cover a period less than but not greater than 60 days. The Plan of Care for any certification period two calendar months or 60 days, *must* be signed and dated by the attending physician before a claim is submitted for payment. The form may be signed by another physician who is authorized by the attending physician to care for the recipient in the physician's absence. If the physician omits the date, the provider *must* enter the date the Plan of Care was received back from the physician.

Rubber signature stamps and electronic physician signatures are acceptable using Medicare guidelines. Medicare's policy on rubber stamp signature states, "HHAs may accept a physician's rubber stamp signature when they are permitted to do so by Federal, state and local law and when this is authorized by the HHA's policy. The individual whose signature the stamp represents must place in the administrative offices of the agency a signed statement attesting that he/she is the only one who has the stamp and uses it." This guidance can be found at: <http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter04-35.pdf>.

The Medicare policy for electronic signatures states: "HHAs that maintain patient records by computer rather than hard copy may use electronic signatures. However, all such entries must be appropriately authenticated and dated. Authentication must include signatures, written initials, or computer secure entry by a unique identifier of a primary author who has reviewed and approved the entry. The HHA must have safeguards to prevent unauthorized access to the records and a process for reconstruction of the records in the event of a system breakdown." This policy is found at:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896